Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Abbey View Residences
Name of provider:	The Cheshire Foundation in Ireland
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	03 November 2021
Centre ID:	OSV-0003453
Fieldwork ID:	MON-0030398

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Abbey View Residences provides accommodation and support in a purpose-built facility of self-contained apartments to 10 adults with physical disabilities and neurological conditions. Residents may also have secondary disabilities which could include an intellectual disability, mental health difficulties or medical complications such as diabetes. Support is provided 24 hours per day, seven days per week and may include respite care. People living within Abbey View Residences direct and participate in their own care. Residents at Abbey View Residences are supported by a staff team which includes a full-time person in charge, nursing staff, and care staff as well as maintenance and administrative support. Staff are based in the centre when residents are present including at night. All residents also have personal assistants for social support.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 November 2021	09:30hrs to 17:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

The inspector found that residents who received care in Sligo Supported Accommodation were provided with person-centred care, where their choices and rights were respected. Observations and discussions with residents and staff on the day, indicated that residents were happy in the centre and that they were supported to make choices about their lives.

On the day of inspection there were five residents residing at this designated centre. The inspector had the opportunity to speak with two residents during the course of the day while adhering to the public health guidance of the wearing of face masks and social distancing.

The inspector visited an apartment on invitation from a resident. The apartment consisted of an open plan living area and an en-suite bathroom. It was personally decorated and accessible for the residents' assessed needs. The resident described the staff at Abbey View Residence as 'fantastic' and explained that they also have access to a personal assistance (PA) service through an external agency. However, the resident described access to community outings as reduced due to concern about rising case numbers of Covid-19. The resident said that they would like to return to having 'more outings and breaks'. Good support from the multidisciplinary team was provided. This included access to weekly physiotherapy appointments and occupational therapy support. The resident used an electronic communication aide (assistive technology). This aide was described as 'my life' as it supported the resident's communication and independence. Later, the resident raised a concern regarding a recent change in shower facilities. When asked, they were aware of how to make a complaint and were aware of the importance of safeguarding.

A second resident was watching television in a similar comfortable apartment. The care and support provided was described as 'great' and the staff as 'very accommodating, very patient and respectful'. Communication in the designated centre was described as good with regular residents meetings taking place and opportunities to have an input into the day to day running of the centre. The resident was aware of how to make a complaint if required. They said that they had no complaints at present but were concerned about the recent change in shower facilities provided. The resident told the inspector that they enjoy trips out for lunch and expressed their appreciation for the PA service provided.

A third resident agreed to meet with the inspector however, due to a change in their schedule this meeting was cancelled.

The person in charge was not available on the day of inspection. The inspection was facilitated by the senior support worker who was found to have a good understanding of the assessed needs of the residents and the general oversight of the designated centre. The person participating in management attended later in the day. The inspector noted that there were two support workers on duty and had the

opportunity to speak with one of these. They described the designated centre as a 'good place to work' where person-centred care and support of residents was provided. Communication was described as good with regular staff meetings and ongoing support from the person in charge. The inspector asked the staff member about a new admission with a specific medical condition and if specific training had been provided. The support worker confirmed that they had attended training recently. The inspector discussed safeguarding with the staff member and although initially unsure, when prompted, they showed a good understanding of all forms of abuse and the importance of safeguarding measures.

This designated centre was a located in a busy residential area and close to a range of community facilities. There was a large shared sitting area which could be divided into two smaller rooms if required. The centre consisted of 10 individual apartments with private external access. They were open plan in design and had en-suite bathrooms. There was a paved area to the side of the house which continued around to the rear. The senior support worker described this as popular with some residents. The inspector noted that this was in need of maintenance and the staff member confirmed that this was in progress.

Overall, Abbey View Residences was observed to be spacious, accessible and with a nice atmosphere. The residents' that the inspector met with were observed to be comfortable in their current living environment and were happy with the staff supports given. The inspector noted the fact that the designated centre worked closely with the external agency that provided the PA service. This was found to enhance the daily living experiences of the residents spoken with.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found that Abbey View Residences had arrangements in place to promote the safety and welfare of residents, and to ensure that person-centred care was provided. However, improvements were required in roster maintenance, training and development and the complaints process used.

The provided had ensured that a range of policies and procedures were available to guide staff and inform practice in the centre. The inspector noted improvements since the last inspection for example, the health and safety policy had an associated food safety guidance which was updated to be centre specific and relevant to the designated centre.

There were sufficient numbers of staff on duty on the day of inspection to meet the

number and assessed needs of residents. The roster was available and although there was a core staff team, inconsistencies were evident and it was not reflective of the staff on duty on the day of inspection. For example, a staff member was incorrectly documented as on leave. Also, the roster required updating to ensure that there was clarity on the names and roles of the staff on duty.

Staff had access to training as part of a continuous professional development programme and refresher options were offered. The inspector noted that recent training was provided to meet with the assessed needs of a new admission to the designated centre and a support folder was available. However, not all training certificates were available for example, the absence of evidence of safeguarding training. One-to-one supervision meetings with staff were occurring however, the time lines were not in line with the organisation's policy and this required improvement.

The provider ensured that an annual review of the service occurred each year, which provided for consultation with residents and their families. The six monthly provider lead audits were up to date. There were systems in place for regular internal audits to occur in the areas of health and safety and fire safety, as well as reviews of incidents that occurred. The inspector found that there was a defined management structure in place, however, the person in charge was new in post and a recruitment campaign was ongoing at the time of inspection. Therefore, the management and oversight of the service was subject to ongoing change. Also, improvements were required in the use of the organisation's complaints policy to ensure that the process was consistent and with good oversight and monitoring and as discussed further below.

The registered provider provided an up-to-date complaints procedure for residents which included an appeals procedure. This was available in accessible format and displayed prominently in the designated centre. Information regarding the independent advocacy service and the confidential recipient was displayed on the notice board. The residents that the inspector spoke with were aware of how to make a complaint if required. There were two open complaints on the day of inspection. The inspector found evidence that complaints made were recorded and taken seriously, however, improvement were required in the provider's ability to progress matters promptly and to provide regular updates to complainant in line with the organisation's complaints policy and procedure.

Overall, this designated centre was found to provide good quality, person-centred care to residents with improvements noted in the written policies and procedures since the last inspection. However, further improvements were required in staff training and development, maintenance of the staff roster and in the management of complaints which would enhance the overall quality of care provided.

Regulation 15: Staffing

The registered provider had ensured that the number, qualification and skill mix of

staff available on the day of inspection was appropriate to the residents needs. However, improvements were required in the maintenance of the staff roster to ensure clarity on the support provided.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in change had not ensured that there was sufficient evidence of the training and development provided for staff. Improvements were also required in the formal supervision provided to ensure that it was in line with the organisational policy

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements were required in the management systems in place to sure that the service provided was consistent and effectively monitored.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Improvement were required in the providers ability to progress matters promptly and to provide regular updates to complainant in line with the organisations complaints policy and procedure.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures were reviewed and found to be in place and up-to-date.

Judgment: Compliant

Quality and safety

This designated centre provided a service which supported the care and welfare needs of residents. There was evidence of residents' involvement in decision making and the centre was found to promote the rights of residents. It was evident through discussions with the residents and a documentation review that residents were consulted about the running of the designated centre. However, improvements were required in the procedures used to prevent the transmission of healthcare associated infections.

The inspector found that the residents in this designated centre had a good level of care and support provided which was appropriate to their specific support needs. Access to a personal assistant service from an external agency was in place. This ensured that residents had access to the wider community and to recreational opportunities in line with their individual interests and wishes. For example, residents told the inspector about trips out to the local park, going for lunch and going shopping.

The residents in this designated centre had a varied range of high support healthcare needs. There was evidence that the person in charge had ensured that appropriate healthcare was provided. This included access to a medical practitioner of resident's choice and appointments with the multi-disciplinary team were facilitated. For example, one resident told the inspector about regular visits from physiotherapy and occupational therapy which were found supportive.

The inspector found that safeguarding of residents was supported through review of incidents that occurred. Residents' spoken with understood the importance of staying safe and were aware of the organisations complaints process and policy. A review of the documentation provided evidence that procedures were in place to respond to safeguarding concerns and that these were used effectively and in line with national safeguarding policy. Safeguarding training was provided, but enhanced evidence was required and this was addressed under regulation 16 in this report.

The inspector found that the provider ensured that the designated centre was operated in a manner that respected and promoted resident's rights. There was evidence that residents had freedom to exercise choice and control in their daily lives for example, through the participation in home and community based activities in accordance with their wishes. Access to an advocacy service was promoted. Staff on duty told the inspector that regular centre meetings were taking place. Residents spoken with said that these meetings were helpful and scheduled on a timeframe agreed by themselves.

There were systems in place for the identification, assessment and management of risk, including a site specific safety statement and plans were in place in case of adverse events. Risks that had been identified at service and resident level had been assessed and control measures put in place. For example, a shower trolley was purchased to assist with residents' care. This was assessed by the safety officer to

ensure that it could be used safely. There was evidence of multi-disciplinary input into this assessment and an implementation plan was agreed.

The provider ensured that there were procedures in place for the prevention and control of infection. These included availability of hand sanitisers at entry points, posters on display around the designated centre and a number of staff training courses were provided. In addition, there were systems in place for the prevention and management of the risks associated with COVID-19; including outbreak management plans, risk assessments and ongoing discussion with residents. However, the inspector found that although staff had received training in the use of personal protective equipment (PPE) the standard precautions were not adhered to. This included the correct wearing of face masks.

The inspector found that residents in this designated centre were supported with their individual needs and this was enhanced through a collaborative working arrangement with staff from an external agency. However, improvement was required in the correct use of PPE which would ensure the quality and safety of the care provided to residents.

Regulation 13: General welfare and development

The provider had ensured that residents had access to facilities for occupation and recreation in line with their interests and that links with the wider community were supported.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that there were systems in place for the identification, assessment and management of risk, including a site specific safety statement and plans were in place in case of adverse events.

Judgment: Compliant

Regulation 27: Protection against infection

Improvements were required in the adherence to the standard precautions used in the designated centre for example, the correct use of face masks.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a range of allied healthcare professionals in order to meet their healthcare needs.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote the rights of residents, with evidence of consultation with residents about the running of the centre and making decisions in their day-to-day lives.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbey View Residences OSV-0003453

Inspection ID: MON-0030398

Date of inspection: 03/11/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A discrepancy relating to Annual Leave has been corrected on the roster. The roster has been amended to ensure that all staff are clearly titled on the roster with role and full name. The roster has been colour-coded to provide more visual clarity between day and night shifts	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A Certificate of training completion which could not be located on the day is present in the service and on file. The staff personnell files are being reorganized to ensure that all training certs are easily identifiable and located. A First Aid course for 3 staff has been completed on 22/11/2021 All staff will receive quarterly one to one supervision meetings in line with Provider Policy	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will oversee the operation of complaints and supervision in line with Policy	

through Monthly site visits and unannounced 6 monthly provider audits.
Follow up actions are designbated for Provider and local team following these visits
Recruitment of a new Service Manager is taking place. Interim arrangements are in place to ensure governance of the center.
The CNM remains as PIC
The Senior Support Worker is now working in a Service Coordinator role for an interim period.
The Person Participating in Management is supporting the operation of the center through weekly contact and visits.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The unannounced 6 monthly audit will ensure that the Provider's complaints policy is followed in relation to provision of formal letters to residents where resolution on contact is not possible

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
All staff have been fully trained in infection control Prevention.

Infection control measures are discussed at each staff meeting.

A formal one to one meeting and refresher training was held with a staff member on correct wearing of PPE.

Documented Spot checks in relation to the wearing of PPE are conducted every two weeks by the PIC/designate and continuous monitoring is in place.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	05/11/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	17/01/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	17/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	31/03/2022

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/11/2021
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	17/12/2021